

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28723

1. PLACE OF DEATH  
 County Madison Registration District No. 42  
 Township Wagon Wheel Primary Registration District No. 5064  
 City Nashville (No. Mo) Nashville Mo St. Mo (Ward)

File No. \_\_\_\_\_  
 Registered No. 4877

2. FULL NAME Lease M Kennedy  
 (a) Residence. No. Nashville Mo R750 Wd. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Kennedy  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 19  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6 1933  
 17. I HEREBY CERTIFY, That I attended deceased from 9/6 1933 to 9/6 1933, 19\_\_\_\_, that I last saw him alive on 9/6 1933, and that death occurred, on the date stated above, at 1:30 p.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Organic Heart Disease

75B

CONTRIBUTORY 92A  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Geo J P Gresh, M. D.  
9/7 1933 (Address) Nashville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)  
 10. NAME OF FATHER Wm Kennedy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Goulaber  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

14. INFORMANT Mary E Kennedy (Address) Nashville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nashville Mo DATE OF BURIAL 9-7 1933

15. FILED 9/16 1933 Geo J P Gresh REGISTRAR

20. UNDERTAKER Ellsworth Underg ADDRESS Pittsburg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Oct. 10 1933

